Running head: PRESCRIPTIONS RECEIVED AT RETAIL PHARMACIES

An Analysis of Prescription Claims for Medications from Retail Pharmacies in TRICARE Region 2

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Abstract

A prescription benefit is an essential component of any health care benefit and cost containment is essential to ensure the fiscal continuity of the benefit. Drug spending has increased at double-digit rates since 1995. The per member per year Average Wholesale Price of prescription drugs has increased 16.8% in 1998, from $282.48 to $329.83. In addition, fraud and abuse account for between 10 and 20 percent of all health care costs. TRICARE is the military health care benefit. Within this system, beneficiaries have several choices from which to obtain prescription medications. These are the Military Treatment Facilities, The National Mail Order Pharmacy program, and retail pharmacies.

This evaluation focuses on prescription claims from retail pharmacies in TRICARE Region 2. In Fiscal Year 1999, beneficiaries filed an average of 39,416 claims at a cost of over $18 million. The top 10 American Hospital Formulary System classes accounted for over 38% of these claims while the top 25 accounted for over 70%. The number one AHFS class by total amount paid as well as the number of prescriptions filled was antidepressants. Within this class, Paxil®, Prozac®, and Zoloft® accounted for 9.3% of prescriptions at a cost of $1.7 million. The top 25 medication classes accounted for 35% of total expenditures and 21% of total prescriptions at a cost of over $7 million. Identification of high cost and high use medications will result in formulary improvements or prescription practice interventions that result in cost savings.

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Introduction

Conditions Prompting the Study

TRICARE is the military health system for active duty military personnel, their dependants, military retirees, and other eligible personnel. It is designed to expand the access to quality care, control costs for patients and taxpayers alike, and improve medical readiness (Your Military Healthcare Plan, 1998). TRICARE is divided into 13 regions, eleven of which are located in the continental United States. Region 2 contains beneficiaries in North Carolina and most of Virginia.
There are three options from which eligible beneficiaries may choose. These are TRICARE Prime, TRICARE Standard, and TRICARE Extra. TRICARE Prime patients receive care primarily in Military Treatment Facilities. TRICARE Standard and Extra are the Preferred Provider and Fee for Service options within the plan.

With TRICARE, there are three methods for beneficiaries to obtain prescription services.

1. Beneficiaries registered in the Defense Enrollment Eligibility Reporting System (DEERS) can obtain up to a 90-day supply of prescribed formulary medications at no cost from any military pharmacy.

2. The National Mail Order Pharmacy (NMOP) program provides a 90-day supply of non-narcotic medications or a 30-day supply of narcotic medication for TRICARE Prime patients. The

NMOP is free for all active duty members and costs $4 per prescription for their family members. All others must pay $8 per prescription.

3. The retail pharmacy network provides discount prescription drugs. Patients eligible for prescription services may receive prescriptions outside of the retail pharmacy network but incur charges specific for their health plan choice.

Table 1. Pharmacy Beneficiary Categories and Co-Pays

TRICARE Status	**MTF**	**Mail Order**	**Retail Network**	**Retail Non-network**
Prime ADFM* R & RFM**	No Co-pay	$4 for 90 day supply $8 for 90 day supply	$5 for 30 day supply $9 for 30 day supply	50% after $300 individual or $600 family deductible
Extra ADFM R & RFM	No Co-Pay	$4 for 90 day supply $8 for 90 day supply	15% for 30 day supply 20% for 30 day supply	
Standard ADFM R & RFM	No Co-Pay	$4 for 90 day supply $8 for 90 day supply	15% for 30 day supply 20% for 30 day supply	20% for 30 day supply after deductible 25% for 30 day supply after deductible
Medicare Base Realignment and Closure (BRAC)	No Co-Pay	$8 for 90 day supply	20% for 30 day supply	
Medicare Non-BRAC	No Co-Pay			

* ADFM - Active Duty Family Members
** R & RFM - Retired and Retired Family Members

(Pharmacy Beneficiary Categories and Copays, 1999.)

Table 1 shows the co-pays and other charges for prescription

services for beneficiaries depending on their TRICARE plan. Column 2 shows that co-pays are not incurred for formulary medications at a Military Treatment Facility (MTF). Column 3 illustrates the co-pays for prescriptions filled by the National Mail Order Pharmacy (NMOP).

Columns 4 and 5 list costs associated with each level of beneficiary when prescriptions are filled at network or non-network retail pharmacies. Costs associated with retail pharmacy use may be as low as $5 for an active duty family member in a retail network pharmacy or as high as 50% plus a deductible for a retiree in a non-network pharmacy. Prices for prescription medications vary widely, therefore beneficiaries may incur significant out of pocket expenses, depending on their choice of pharmacy.

Statement of the Problem

Retail pharmacy prescription costs for patients in Region 2 were over 18 million dollars in Fiscal Year (FY) 1999. Prescription usage data is not currently being evaluated to make formulary decisions for the MTF based on usage patterns for prescriptions obtained external to the MTF. In addition, it is unknown why patients choose to obtain prescription medications at pharmacies external to the MTF for medications available on the MTF formulary. This fact is even more puzzling considering the additional financial outlays in the form of copays and cost percentages the patient must pay.

MTFs do not receive information regarding prescriptions

obtained by their beneficiaries' external to the MTF. Information regarding prescriptions for patients not treated at the MTF is also unknown. Without evaluation of the individual medication and the price paid, the MTF cannot properly evaluate how to change prescription services or medications to increase beneficiary satisfaction with TRICARE. All claims data used in this analysis was obtained from the Region 2 Managed Care Support Contractor (MCSC), Anthem Alliance Health Insurance Company, through their subcontractor, Palmetto Government Benefits Administrators (PGBA). Standardized reports are not currently used but may be developed as a result of this analysis.

Literature Review

Formulary management is an essential tool for any healthcare system. It is particularly important for the Military Healthcare System due to the large number of prescription service options available and because beneficiaries may obtain prescriptions for formulary medications from MTFs without copays or other expenses.

An essential component of managing a pharmacy benefit is the increasing price of prescription drugs. Per member per year (PMPY) average wholesale price (AWP) of prescription drugs increased by 16.8% in 1998 from $282.48 to $329.83 (SCP Communications, 1999). This price increase occurred while six of the top twenty-five therapy classes, by number of prescriptions dispensed, experienced declines in use. Of the nineteen classes

with increases, four had double-digit increases. These were antidepressants, antihyperlipidemics, antidiabetics, and antihistamines. It is predicted that in order for health plans to cover these cost increases, consumers will incur higher co-payments. A tiered copay is one method recently touted as a possible solution to these increased costs.

Drug spending has increased at double-digit rates since 1995. There are several factors affecting the growth of prescription expenditures. In particular, spending growth is concentrated within a few therapeutic categories, four of which accounted for roughly 30.8 percent of the total increase between 1993 and 1998. These four classes are antihistamines, antidepressants, antiulcerants, and antihyperlipidemics. In addition, drugs that are heavily advertised are a significant source of these increases. The ten drugs most heavily advertised directly to consumers in 1998 accounted for approximately 22 percent of the total increase in drug spending that occurred between 1993 and 1998 (National Institute for Health Care Management Research and Educational Foundation, 1999).

A second essential factor in successfully managing a pharmacy benefit is verification of expenses and charges. The exact amount of money lost to health care fraud and abuse cannot be quantified. However, there is general agreement in the health care industry and DoD that between 10 and 20 percent of all health care costs can be attributed to fraud and abuse. Since TRICARE managed care contracts between 1996 and 1998 amounted to $5.7 billion, DoD could conceivably have lost over $1 billion to

fraud during this period. In addition to monetary losses, fraud and abuse adversely affects patient care and may result in significant morbidity and mortality (United States Government Accounting Office 1999).

Purpose

The purpose of this project is to identify baseline prescription patterns for medications received outside MTFs in TRICARE Region 2. Once this data is quantified, additional extensive or focused analyses may be used to understand beneficiary behavior and enhance the TRICARE prescription benefit. This purpose is manifested in two avenues of study. The first provides an overview of the prescription claims filed in FY 99. This data will provide a baseline upon which additional research and data analysis may be conducted. The second provides a snapshot analysis of one month of patient data to identify reporting deficiencies and to further delineate specific improvements in pharmacy services for Region 2 that may also be applicable throughout the TRICARE system. Future analyses may include patient surveys to determine the need for additional or different pharmacy services or perhaps the same pharmacy services at different locations or times. It will also serve as the template for a demographic analysis of patients using the retail pharmacies and identify methods to encourage use of the MTF pharmacy.

Methods and Procedures

The first avenue of the study, an overview of FY 99 prescription claims, was evaluated by examining aggregate prescription data obtained from the managed care support contractor. This aggregate data was presented in a proprietary format from Anthem Alliance Healthcare. The data was converted from this proprietary format into Microsoft Access and then converted from Microsoft Access into Microsoft Excel. The Access to Excel conversion was performed because data is more easily manipulated in Excel than in Access. The data fields contained in this data are listed in Table 2.

Table 2. Data Fields Present in Aggregate Data

Drug Name	AHFS Classification
Total Amt. Paid by Gov't (After Copay)	Total Prescriptions Issued
Average Ingredient Cost per Rx	Total Number of Prescriptions
Total Issued Quantity	Drug Strength
NDC Code	Dosage Form

Once converted into Excel the data was sorted by area of interest. For example, the data was sorted by AHFS classification in order to evaluate this area of interest. This was subsequently sorted to evaluate the AHFS classes from highest cost class to lowest, then sorted to evaluate AHFS class by total prescriptions issued and finally to sort from highest average ingredient cost to lowest. Subsequent evaluations of

individual prescription medications were performed using the same sorting mechanism in Microsoft Excel.

For the evaluation of the individual prescription data for September 1999, the Composite Health Care System (CHCS) was used to identify confirmed TRICARE Prime beneficiaries in Region 2. This readily available information is routinely updated and provides 34 fields of patient specific demographic information. Only those beneficiaries listed as “confirmed” TRICARE Prime enrollees were considered since some beneficiaries' enrollment may be incomplete and they may not be represented in the CHCS database. This report provided a total of 136,279 active duty (AD) and 265,533 non-active duty (NAD) TRICARE Prime enrollees as of Oct 1, 1999.

Prescription usage data in Region 2 for September 1999 was obtained from Anthem. September 1999 was chosen because at the time of project initiation it was the most recent completely available data. Initially this information was in “.dbf” format and was converted into a Microsoft Access database file. This file contained 27,210 paid claims for pharmacy services obtained in the retail pharmacy network among all categories of TRICARE beneficiaries.

The CHCS enrollment data was cross-matched by sponsors' Social Security Number (SSN) and patient name with the Anthem data in order to identify AD and NAD patients who received prescriptions from a retail pharmacy. Due to the large size of the file and the inability of Microsoft Access to manipulate the data, Active Duty (AD) personnel were separated from Non Active

Duty (NAD) beneficiaries. The AD file contained 93 claims and the NAD file contained 4,767 claims. Each match indicates a TRICARE Prime beneficiary for whom Anthem had filed a claim indicating the beneficiary received prescription services through the retail pharmacy network. Since 4,860 of the 27,210 claims filed were either AD or NAD Prime patients then 22,350 of the claims were for patients who were not TRICARE Prime patients.

Results

The MCSC paid 467,180 claims for prescriptions filled at retail pharmacies in Region 2 during Fiscal Year 1999. These claims represent 29 million dosages for over 2,400 prescription products, representing 135 AHFS therapeutic drug classes. These claims were evaluated based on monthly data, AHFS Therapeutic Class data, and by the most frequently received medications.

Analysis of Monthly Prescription Claims

The mean number of prescriptions filled per month was 39,416 with a standard deviation of 9,520.96 prescriptions. The range during FY 99 was 25,146 prescriptions. The lowest monthly number of claims was 26,254 in August 1999 while the highest of 51,400 occurred in March 1999. Claims data for the last quarter of FY 98 was available at the time of this analysis and is included in order to provide a more complete set of baseline monthly data and as additional comparative data points. Table 3 contains the monthly volume.

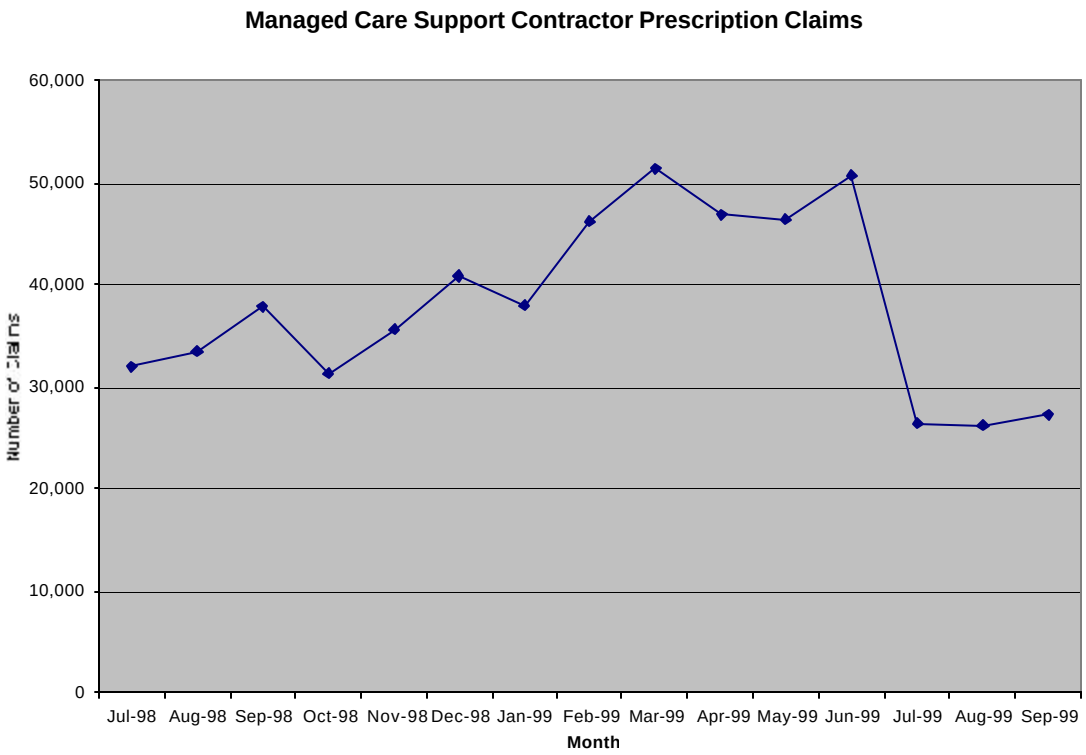
Table 3. Prescription Claims for Fiscal Year 99

Month	Total Claims	Month	Total Claims
Oct 98	31,256	Apr 99	46,917
Nov 98	35,695	May 99	46,303
Dec 98	40,785	Jun 99	50,705
Jan 99	38,048	Jul 99	26,318
Feb 99	46,289	Aug 99	26,254
Mar 99	51,400	Sep 99	27,210
Total Claims for FY 99		**467,180**	

A line graph of the monthly prescription claims is presented in Figure 1. Examination of the graph shows that there does not appear to be any special cause variation (data points greater than two standard deviations from the statistical mean). There appears to be some seasonal variation since the fall and winter months have greater claims volume than does the spring and summer. Additional annual aggregate data will allow further analysis for the presence of seasonal variations.

Statistical analysis describes an average of 38,932 claims filed monthly with a low of 26,254 (August) a high of 51,400 (March) with a standard deviation of 9,521 claims.

Figure 1. Prescription Claims for Fiscal Year 99



AHFS Therapeutic Class Analysis

In FY 99 Region 2 patients filed claims for prescriptions that represent 135 AHFS Therapeutic Classes. Table 4 details the top 25 AHFS classes sorted by the Total Amount Paid (by the government after patient copay). Antidepressants account for 50,047 claims for which the government paid almost $3 million. Antihistamines were second to antidepressants and accounted for 27,444 claims at a government cost of $998,366. Miscellaneous gastrointestinal drugs accounted for 13,826 claims at a cost of $983,123.

Table 4. Top 25 AHFS Classes by Total Amount Paid

Class	Total Amt. Paid	Class	Total Amt. Paid
Antidepressants	$2,905,959.26	Anti-inflammatory Agents	$412,256.96
Antihistamines	$998,365.86	Macrolides	$410,170.61
Misc. GI Drugs	$983,123.40	Hypotensive Agents	$349,240.21
Unclassified Therapeutic	$718,713.25	Penicillins	$349,096.42
Antihyperlipidemic Drugs	$665,590.67	Estrogens	$343,758.51
NSAIDS	$662,955.19	Gonadotropins	$327,168.66
Cardiac Drugs	$662,395.53	Antifungal Antibiotics	$302,273.59
Antipsychotic Drugs	$628,646.62	Cephalosporins	$272,976.08
Misc. Anticonvulsants	$621,998.63	Misc. Antidiabetic Agents	$260,391.07
Opiate Agonists	$590,736.22	Misc. Anxiolytics, Sed. Hp	$255,539.03
Anorexigenics, Stims.	$518,554.56	Benzodiazepines	$253,691.96
Misc. CNS Agents	$505,349.66	Quinolones	$219,571.92
Contraceptives	$470,752.45		

The top 10 most frequently claimed classes account for over 38% of total claims while the top 25 account for over 70% of claims. The entire list of AHFS classes sorted by Total Amount Paid (by the government after patient copay) is provided in Appendix 1.

Table 5 contains the AHFS classifications sorted by the Total Number of Prescriptions Issued. Antidepressants were the most frequently issued medication followed by opiate agonists and antihistamines.

Table 5. AHFS Classifications by Total Prescriptions Issued

Class	Total Prescriptions Issued	Class	Total Prescriptions Issued
Antidepressants	50,047	Sympathomimetics	11,253
Opiate Agonists	36,784	Hypotensive Agents	10,973
Antihistamines	27,444	Antihyperlipidemic Drugs	10,342
Cardiac Drugs	23,263	Cephalosporins	10,249
Penicillins	22,524	Adrenal Agents	9,769
NSAIDS	20,132	Misc. Anticonvulsants	9,018
Benzodiazepines	17,453	Diuretics	8,776
Contraceptives	16,998	Antitussives	8,324
Estrogens	16,267	Unclassified Therapeutic	7,869
Anti-inflammatory Agents	16,027	Thyroid Agents	7,546
Anorexigenics, Stims.	15,668	Antibiotics	7,529
Macrolides	15,020	Skeletal Muscle Relaxants	7,461
Misc. GI Drugs	13,826		

The top ten AHFS Classifications by total prescriptions issued accounted for 46.59% of the total while the top 25 accounted for nearly 77%. Statistical analysis of the total prescriptions issued data describes an average 3,955 prescriptions per class with a high of 50,047 (antidepressants) and a low of 1 (several classes).

Table 6. Rank of Total Amount Paid Compared to Total Prescriptions Filled Based on AHFS Classification.

Class	Total Amt. Paid Rank	Total Rx's Rank
Antidepressants	1	1
Antihistamines	2	3
Misc. GI Drugs	3	13
Unclassified Therapeutic	4	22
Antilipemic Drugs	5	16
NSAIDS	6	6
Cardiac Drugs	7	4
Antipsychotic Drugs	8	30
Misc. Anticonvulsants	9	19
Opiate Agonists	10	2
Anorexigenics, Stims.	11	11
Misc. CNS Agents	12	33
Contraceptives	13	8
Anti-inflammatory Agents	14	10
Macrolides	15	12
Hypotensive Agents	16	15
Penicillins	17	5
Estrogens	18	9
Gonadotropins	19	73
Antifungal Antibiotics	20	32
Cephalosporins	21	17
Misc. Antidiabetic Agents	22	37
Misc. Anxiolytics, Sed. Hp	23	26
Benzodiazepines	24	7
Quinolones	25	35

Eighteen of the top twenty-five AHFS Classifications in total amount paid by the government are also among the top twenty-five of the total prescriptions issued. The seven classifications that are not among the top twenty-five in total prescriptions filled are antipsychotics (30th), miscellaneous CNS agents (33rd),

gonadotropins (73rd), miscellaneous antidiabetic agents (37th), antifungal antibiotics (32nd), quinolones (35th), and miscellaneous anxiolytics (36th).

Another method used to evaluate the data was to sort by the average ingredient cost. This identifies the most expensive AHFS classifications, by average ingredient cost, that TRICARE beneficiaries obtain in retail pharmacies. Table 7 lists the AHFS Classifications by Average Ingredient Cost and separates these classifications into eight average ingredient cost ranges.

Table 7. Average Ingredient Cost by AHFS Classification

Average Ingredient Cost Range in Dollars	**Number of AHFS Classifications in Range**
Greater than $1000	5
$800 - $1000	3
$600 - $800	5
$400 - $600	5
$300 - $400	6
$200 - $300	15
$100 - $200	40
Less than $100	55

Examination of the average ingredient cost reveals that five AHFS classifications had an average ingredient cost of over $1000 and eight AHFS classifications had an average ingredient cost of between $600 and $1000. The thirteen most costly AHFS classifications are listed in Table 8.

Table 8. Most Costly AHFS Classification Average Ingredient Cost

Hematopoietic Agents	$3,714
Gonadotropins	$2,554
Pancreatic Function	$1,469
Pituitary	$1,291
Anti-retroviral	$1,218
Opiate Agonists	$920
Hemostatics	$892
Aminoglycosides	$825
Cholelitholytics	$727
Antivirals	$675
Pigmenting Agents	$627
Antineoplastics	$617
Enzymes	$616

The statistical analysis of the average ingredient cost provides a mean of $247 with a high cost of $3,714 (Hematopoietic Agents) and the low cost of $7 (Acidifying Agents and Sugars). The standard deviation is $349.

Individual Medication Analysis

Analysis of individual prescriptions filled revealed that over 530,000 prescriptions were filled at retail pharmacies in Region 2 in FY 99 at a cost of over $18 million. These prescriptions account for over 29 million dosages of 2,400 different medications.

Table 9. Top 25 Medications Issued by Total Cost

Medication	Total Prescriptions	Total Cost
Prozac®	10,626	$887,528
Zoloft®	7,631	$511,567
Prilosec®	4,369	$450,923
Claritin®	8,173	$413,803
Imitrex®	2,488	$339,702
Lipitor®	5,077	$336,537
Wellbutrin SR®	5,564	$332,798
Paxil®	16,998	$314,762
Neurontin®	3,577	$293,831
Zyprexa®	1,319	$277,028
Augmentin®	5,633	$276,673
Risperdal®	2,732	$276,348
Effexor XR®	3,456	$255,235
Zithromax®	9,547	$252,700
Prevacid®	2,235	$215,740
Celebrex®	3,340	$211,333
Adderall®	5,792	$206,769
Zyrtec®	4,724	$186,811
Zocor®	2,097	$179,584
Rezulin®	1,349	$160,377
Luvox®	1,695	$153,650
Ambien®	3,826	$152,906
Premarin®	6,969	$142,041
Viagra®	3,956	$138,852
Lamisil®	957	$135,802

Each medication listed in Table 9 is available in several different strengths and dosage forms. All medications are assigned a National Drug Code (NDC) number that represents a particular medication of a specific strength and dosage form in a particular size bottle. The top 25 medications illustrated in Table 9 account for over 221 different NDC numbers.

For example, Prozac® 10mg was dispensed using two different NDCs and the costs associated with each are quite different.

Table 10. Costs for Different Prozac 10mg NDCs

Item	NDC - 0002400630	NDC -00777310402
Total Amt Paid	$9,744.21	$96,442.87
Total Ingredient Cost	$10,666.41	$107,778.10
Total Quantity	4,977	50,995
Total Days Supply	3,742	40,470
Total # Rxs	115	1,284
Total Rx Users	86	773
Average Ingredient Cost per Rx	$92.75	$83.94
Average Quantity	85.22	161.62
Dosage Form	Tablet	Capsule
Average Cost per Tablet/Capsule*	$2.14	$2.11
Average Amount Paid per Tablet/Capsule**	$1.96	$1.89

* Total Ingredient Cost divided by Total Quantity
** Total Amt Paid divided by Total Quantity

Claritin®, the number 2 medication, was dispensed in three different products, four different strengths, three different dosage forms, and seventeen different NDCs. Each of the top twenty-five medications has several different NDCs used, all of which vary in price. Appendix 2 contains the complete list of the top twenty-five medications sorted by medication and NDC number.

Analysis of September 1999 Patient Level Data

This analysis was performed using patient name, sponsors Social Security Number (SSN), and the number of prescriptions received per patient name. The total number of claims filed in September 1999 was 27,210 for a total of 13,172 patients. A statistical analysis of the number of claims filed revealed that the average number of claims per person was 2.07 with a high of 41 and a minimum of 1.

Table 11. Number of Claims Per Patient

Number of Claims Filed	Number of Patients Filing	Cumulative Claims Filed
41	1	41
28	1	69
22	1	97
21	1	112
20	2	152
19	2	190
18	1	208
17	3	259
16	3	307
15	4	367
14	14	563
13	9	680
12	17	884
11	36	1,280
10	41	1,690
9	52	2,158
8	104	2,990
7	133	3,921
6	234	5,325
5	367	7,160
4	709	9,995
3	1368	14,099
2	3042	20,183
1	7027	27,210

Examination of Table 11 indicates that 7,027 patients, 53% of the total that filed claims, did so for a single prescription while 136 patients filed more than 10 claims. These 136 patients accounted for 1,690 claims or 6.21% of the total claims while the 53% of patients that filed a single claim accounted for 26% of claims.

Discussion

TRICARE beneficiaries have a variety of choices regarding prescription services. They may choose services at the MTF, the NMOP, the retail pharmacy network, or any retail pharmacy. Their choices may be a result of dissatisfaction with the MTF, distance from the MTF, convenience of a neighborhood pharmacy, or other factors. The intention of this analysis was to establish the baseline data from which a determination of patient behavior may later be evaluated. The data contained herein is a description of what pharmacy beneficiaries choose but lends no information regarding the reasons for their choices. Since TRICARE patients incur personal costs associated with any choice other than an MTF, further study of why patients choose to pay for services and more importantly the types of services they may be willing to pay for is the obvious next step. At the current time an analysis of the reasons for their choices is beyond the scope of this investigation.

The obvious first question to analyze is the monthly and annual volume of claims. This will establish a baseline record of patient behavior based on volume of claims. Fiscal year 1999 was chosen because this was the most current data available at the study initiation. From October 1998 until June 1999 the monthly claims volume ranges from a low of 31,256 to a high of 51,400. There appears to be some degree of seasonality in the claims as they start low in the fall and rise into the winter months, dropping off again in the spring. From July 1999 to September 1999 the claims volume drops considerably as

illustrated in Figure 1. During this period there was some manipulation of the TRICARE prescription benefit and this decrease may be due to a benefit adjustment issue. The drop-off could also be related to delays in the claims filing process. Additional months and years of data will provide insight into whether this is a continuation of the seasonal pattern or if the data discrepancy is due to special cause variation.

The initial aggregate data shows that the MCSC paid 467,180 claims for prescriptions filled at retail pharmacies in Region 2 in FY 99. These claims represent 29 million dosage forms for over 2,400 prescription products that represent 135 AHFS classifications.

The AHFS classification system was used for the second section of the analysis because managed care organizations are experiencing double-digit increases in some of these classes. Nationally these increases are mainly focused in four classes of medications, antihistamines, antidepressants, antidiabetics, and antihyperlipidemics. One would not expect TRICARE expenditures to exhibit a different pattern from other managed care organizations. As illustrated in Table 4, three of the four classes of medications experiencing cost increases nationally are among the top twenty five most costly medications obtained external to MTFs in Region 2. These three are antidepressants (#1), antihistamines (#2), and antihyperlipidemics (#5). Additional examination reveals that the ten most frequently claimed classes of medications account for over 38% of total claims and the top 25 claimed classes account for over 70% of

claims. Expenditures for antidepressants were by far highest, accounting for over three times the cost of the next class, antihistamines. The data was then evaluated by the total prescriptions issued. The top ten medications accounted for 46.59% of the total while the top 25 accounted to nearly 77%. Once again antidepressants greatly exceeded all other medications and accounted for 1.36 times the number of prescriptions of the next most widely received class. Antidepressants more than doubled antihistamines in the number of prescriptions received.

When comparing the total amount paid to the total prescriptions dispensed, eighteen of the twenty-five paid are among the top twenty-five prescriptions received. This further illustrates that a significant portion of costs is associated with a relatively small number of medications. This may allow for relatively few and simple cost saving initiatives that result in proportionally large cost savings.

Several AHFS classifications had significantly higher average ingredient costs than the others. In total, 134 AHFS classifications are represented in the data. Of these, five had an average ingredient cost of over $1,000, three between $800 and $1,000, and ten between $400 and $800. Tables 7 and 8 illustrate the high cost AHFS classifications. Further analysis of the specific medications contained within these most costly classifications may indicate that savings may be realized by simply requiring preapproval for these medications. Savings may also be realized by providing these medications through MTF

pharmacies if the MTF prices are lower. This may be done without regard to formulary status of the medication in question.

Data for individual medications for which claims were filed in FY 99 was also available. Once again an antidepressant, Prozac®, was the number one medication in total cost. Another antidepressant, Paxil®, was the most widely received medication. Three selective serotonin reuptake inhibitors (SSRIs) were among the top 25 medications in total cost. Zoloft® joined the two previously mentioned SSRIs to account for over $1.7 million, 9.3% of total expenditures. NDC numbers represent a particular strength of a specific medication in a specific dosage form packaged in a particular size bottle. Appendix 2 contains a breakdown of the NDC numbers of the top 25 medications. Looking closely at Prozac® we see that there are two different NDCs for Prozac 10 mg, 0002400630 and 00777310402. Table 10 shows that the average cost per capsule for the two NDCs is different with the latter being less expensive by $0.07 per tablet/capsule. If all the Prozac® received in the retail pharmacies were of this NDC a cost savings of $348.34 over 115 prescriptions could be realized.

Patient specific data was also available for analysis. Social Security Number (SSN), patient name and the total number of prescriptions received per patient were used in this analysis. One patient filed 41 claims for medications in September 1999. Table 11 illustrates the number of claims filed per patient. Close examination reveals that 136 patients filed 1,696 claims. This means that 1.03% of patients filed 6.21% of

the total claims. The bulk of the patients, 7,027, filed only one claim accounting for 26% of the claims with 53% of the patients.

This analysis focused on identifying areas in the retail pharmacy claims in which small initial efforts might result in large savings. After evaluating the data one can see that much of the cost associated with claims for prescriptions in retail pharmacy networks are centered on a relatively small number of patients, AHFS classifications, and individual medications. By focusing efforts on these high cost and/or high volume patients and medications, significant cost savings can be realized by relatively small efforts. If high cost medications can be obtained at government preferred pricing, regardless of MTF formulary status, the system can account for significant cost reductions if these medications are provided at the MTF. Patients can be identified and contacted regarding their decision to use the retail network and perhaps convinced that it is to their advantage, as well as, the government's to receive these medications at the nearest MTF.

Conclusions

Available Data

There is a plethora of data available upon which additional analysis may be conducted. Currently, available data is maintained by the MCSC in a format proprietary to their organization. In order to perform an analysis such as that contained herein several manipulations must be performed. Each manipulation may contribute to a loss of data integrity and therefore decrease accuracy. Using a standard spreadsheet or database format, such as Microsoft Excel® or Microsoft Access®, will allow easier manipulation. A standardized format will also allow any end user such as individual MTF staff members to seek specific answers to issues pertinent to a particular facility. The data file could be transferred on a scheduled or ad hoc basis to each facility.

Monthly Prescription Claims

The monthly volume of prescriptions for FY 99 is relatively stable with an average of 39,416 claims per month. There appears to be some seasonality associated with claims, with volume increasing in the fall and winter and then decreasing in the spring and summer. In addition, the FY 99 data contains a dramatic decrease in monthly claims starting in July 99 and continuing through September 99. Although this variation does not exceed two standard deviations from the mean it still may be due to a special cause - a single benefit adjustment that occurred in June 99.

AHFS Classifications

The top 25 AHFS classifications for which claims were submitted accounted for 38% of the total claims while the top 25 accounted for over 70% of claims. This pattern is reflected in the national data that shows the largest costs and cost increases associated with relatively few sets of AHFS classifications. Specifically, the national data shows that antidepressants, antihistamines, antihyperlipidemics, and antidiabetic medications are those that are experiencing the greatest cost increases.

Individual Medications

Once again relatively few medications are associated with the highest costs. Three SSRI antidepressants, Prozac®, Paxil®, and Zoloft® were among the top ten most costly medications. These three agents accounted for over $1.7 million of the $18 million expended.

Fraud and Abuse

As noted earlier, the Government Accounting Office projects that 10% - 20% of health care costs may be attributable to fraud and abuse. Since TRICARE managed care contracts amounted to $5.7 billion between 1996 and 1998, over $1 billion may be the result of fraud and/or abuse. There did not appear to be a mechanism for verification of billing of services associated with prescriptions filled in retail pharmacies.

Recommendations

There is significant opportunity to realize system wide cost savings with additional research. Some specific areas that will enhance the research contained in the project are noted below. Since the data contained within demonstrates large costs associated with relatively few medications and classes of medications, efforts focused on increasing efficient and appropriate use of thesse medications could result in significant savings.

1. Zip Code Analysis. An analysis of the zip codes of the retail pharmacy that fills the prescription will reveal the proximity of that pharmacy to the nearest MTF. This may assist in future decision regarding redeployment of MTF resources or the possibility of returning certain patients to the MTF for their medications.
2. MTF Formulary Comparison. Using the geographical information obtained in the zip code analysis identify whether purchased medications are available at the nearest MTF. Then determine if the total cost associated with this particular medication would be less if filled exclusively at MTF.
3. Patient Preference Survey. Conduct additional patient specific research to determine the reasons patients' use retail pharmacy services and then apply this information to MTF formulary decision making and resource and personnel deployment.

4. Resource Sharing. The MCSC and the MTF should work together to identify specific medications and patients for intervention and recapture by the MTF to enhance cost savings and patient services.
5. Streamlined Data Analysis. Data manipulation during this GMP was difficult due to the proprietary software used the MCSC. Future contractual awards should consider incorporating data reporting requirements that use commonly available software.
6. Identify specific reporting and data requirements and make the appropriate changes to the current reports to obtain the new data.
7. Since fraud and abuse may account for between 10% and 20% of all health care costs, institute a verification mechanism designed to identify and prevent prescription fraud and abuse.

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Appendix A

American Hospital Formulary Class by Total Government Paid
for FY 99

AHFS CLASS TITLE	Total RX's Issued	Cumulative RX's	%of Total RX's	Total Amt Paid After Copay	Cumulative Amt Paid	% of Total FY Amt Paid	Total Avg. Ingredient Cost
ANTIDEPRESSANTS	50047	50047	9.44%	$2,907,959.26	$2,907,959.26	15.78%	$263.61
ANTIHISTAMINE DRUGS	27444	77491	14.62%	$998,365.86	$3,906,325.12	21.20%	$165.95
MISCELLANEOUS GI DRUGS	13826	91317	17.23%	$983,123.40	$4,889,448.52	26.54%	$332.94
UNCLASSIFIED THERAPEUTIC AGENTS	7869	99186	18.71%	$718,713.25	$5,608,161.77	30.44%	$415.54
ANTILIPEMIC AGENTS	10342	109528	20.66%	$665,590.67	$6,273,752.44	34.05%	$308.95
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS	20132	129660	24.46%	$662,955.19	$6,936,707.63	37.65%	$151.26
CARDIAC DRUGS	23263	152923	28.85%	$662,395.53	$7,599,103.16	41.24%	$135.34
ANTIPSYCHOTIC AGENTS	5816	158739	29.95%	$628,646.24	$8,227,749.40	44.66%	$480.71
MISCELLANEOUS ANTICONVULSANTS	9018	167757	31.65%	$621,998.63	$8,849,748.03	48.03%	$310.98
OPIATE AGONISTS	36784	204541	38.59%	$590,736.22	$9,440,484.25	51.24%	$71.21
STIMULANT	15668	220209	41.54%	$518,554.56	$9,959,038.81	54.05%	$151.62
MISC. CENTRAL NERVOUS SYSTEM AGENTS	4612	224821	42.41%	$505,349.66	$10,464,388.47	56.80%	$505.27
CONTRACEPTIVES	16998	241819	45.62%	$470,752.45	$10,935,140.92	59.35%	$128.43
ANTI-INFLAMMATORY AGENTS	16027	257846	48.64%	$412,256.96	$11,347,397.88	61.59%	$238.73
MACROLIDES	15020	272866	51.48%	$410,170.61	$11,757,568.49	63.81%	$124.10
HYPOTENSIVE AGENTS	10973	283839	53.55%	$349,240.21	$12,106,808.70	65.71%	$151.12
PENICILLINS	22524	306363	57.80%	$349,096.42	$12,455,905.12	67.60%	$68.38
ESTROGENS	16267	322630	60.87%	$343,758.51	$12,799,663.63	69.47%	$101.19
GONADOTROPINS	579	323209	60.98%	$327,168.66	$13,126,832.29	71.25%	$2,554.68
ANTIFUNGAL ANTIBIOTICS	5177	328386	61.95%	$302,273.59	$13,429,105.88	72.89%	$263.35
CEPHALOSPORINS	10249	338635	63.89%	$272,976.08	$13,702,081.96	74.37%	$118.71
MISCELLANEOUS ANTIDIABETIC AGENTS	3552	342187	64.56%	$260,391.07	$13,962,473.03	75.78%	$356.10
MISC. ANXIOLYTICS, SEDATIVES & HYPNOTICS	7172	349359	65.91%	$255,539.03	$14,218,012.06	77.17%	$163.19
BENZODIAZEPINES	17453	366812	69.20%	$253,691.96	$14,471,704.02	78.55%	$131.19
QUINOLONES	4263	371075	70.01%	$219,907.12	$14,691,611.14	79.74%	$239.80
MISCEL.SKIN AND MUCOUS MEMBRANE AGENTS	2814	373889	70.54%	$219,571.92	$14,911,183.06	80.93%	$356.12
VASODILATING AGENTS	6334	380223	71.73%	$202,107.43	$15,113,290.49	82.03%	$153.02
SYMPATHOMIMETIC (ADRENERGIC) AGENTS	11253	391476	73.86%	$202,085.04	$15,315,375.53	83.12%	$81.11
ANTINEOPLASTIC AGENTS	1457	392933	74.13%	$199,669.76	$15,515,045.29	84.21%	$617.36
ANTIVIRALS	3442	396375	74.78%	$192,392.58	$15,707,437.87	85.25%	$675.54
ADRENALS	9769	406144	76.62%	$172,985.52	$15,880,423.39	86.19%	$77.63
PITUITARY	498	406642	76.72%	$140,500.87	$16,020,924.26	86.95%	$1,291.16
ANTIBIOTICS	7529	414171	78.14%	$140,205.45	$16,161,129.71	87.72%	$169.29

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Appendix A

American Hospital Formulary Class by Total Government Paid
for FY 99

SKELETAL MUSCLE RELAXANTS	7461	421632	79.54%	$115,186.91	$16,276,316.62	88.34%	$67.69
DIABETES MELLITUS	2339	423971	79.99%	$114,856.36	$16,391,172.98	88.96%	$227.49
ANTIFUNGALS	5711	429682	81.06%	$109,493.99	$16,500,666.97	89.56%	$232.61
INSULINS	2927	432609	81.62%	$95,045.00	$16,595,711.97	90.07%	$151.25
OPIATE PARTIAL AGONISTS	1422	434031	81.88%	$91,730.18	$16,687,442.15	90.57%	$295.50
ANTIMUSCARINICS/ANTISPASMODICS	3723	437754	82.59%	$86,314.72	$16,773,756.87	91.04%	$106.64
ANTIEMETICS	1737	439491	82.91%	$86,129.25	$16,859,886.12	91.51%	$213.46
TETRACYCLINES	4417	443908	83.75%	$83,815.57	$16,943,701.69	91.96%	$84.66
HEMATOPOIETIC AGENTS	82	443990	83.76%	$74,274.51	$17,017,976.20	92.37%	$3,714.05
THYROID AGENTS	7546	451536	85.19%	$66,297.76	$17,084,273.96	92.73%	$39.04
PROGESTINS	3148	454684	85.78%	$60,831.60	$17,145,105.56	93.06%	$86.92
ANTITUSSIVES	8324	463008	87.35%	$60,616.97	$17,205,722.53	93.38%	$31.12
ANDROGENS	1769	464777	87.68%	$60,257.76	$17,265,980.29	93.71%	$165.20
ESTROGEN AGONIST-ANTAGONISTS	1234	466011	87.92%	$59,993.25	$17,325,973.54	94.04%	$232.16
DIURETICS	8776	474787	89.57%	$57,416.83	$17,383,390.37	94.35%	$26.33
SULFONYLUREAS	2954	477741	90.13%	$56,913.76	$17,440,304.13	94.66%	$90.68
MISCELLANEOUS ANTI-INFECTIVES	6833	484574	91.42%	$55,274.24	$17,495,578.37	94.96%	$125.23
MISCELLANEOUS EENT DRUGS	1732	486306	91.75%	$52,943.07	$17,548,521.44	95.25%	$145.79
MISCELLANEOUS AUTONOMIC DRUGS	872	487178	91.91%	$49,948.20	$17,598,469.64	95.52%	$259.20
EXPECTORANTS	6210	493388	93.08%	$49,724.10	$17,648,193.74	95.79%	$33.29
ANTIALLERGIC AGENTS	1276	494664	93.32%	$44,415.68	$17,692,609.42	96.03%	$159.10
CELL STIMULANTS AND PROLIFERANTS	1320	495984	93.57%	$44,406.31	$17,737,015.73	96.27%	$155.60
MISCELLANEOUS LOCAL ANTI-INFECTIVES	1764	497748	93.90%	$40,085.78	$17,777,101.51	96.49%	$105.24
DEVICES	2226	499974	94.32%	$39,315.28	$17,816,416.79	96.70%	$84.14
ANTICOAGULANTS	1210	501184	94.55%	$36,171.83	$17,852,588.62	96.90%	$137.80
MISCELLANEOUS ANTIBIOTICS	1092	502276	94.76%	$33,823.99	$17,886,412.61	97.08%	$136.96
ANTIRETROVIRAL AGENTS	125	502401	94.78%	$33,823.89	$17,920,236.50	97.26%	$1,218.13
ANTIPYRETIC	3130	505531	95.37%	$31,135.93	$17,951,372.43	97.43%	$41.17
REPLACEMENT PREPARATIONS	1951	507482	95.74%	$26,941.08	$17,978,313.51	97.58%	$62.87
URINARY ANTI-INFECTIVES	1527	509009	96.03%	$26,707.83	$18,005,021.34	97.72%	$79.26
DIGESTANTS	208	509217	96.07%	$24,194.45	$18,029,215.79	97.85%	$530.39
MULTIVITAMIN PREPARATIONS	2321	511538	96.51%	$20,440.58	$18,049,656.37	97.97%	$44.57
AGENTS)	236	511774	96.55%	$19,673.73	$18,069,330.10	98.07%	$382.57
KERATOLYTIC AGENTS	1148	512922	96.77%	$17,920.23	$18,087,250.33	98.17%	$71.30
ANTIPRURITICS AND LOCAL ANESTHETICS	1447	514369	97.04%	$16,834.29	$18,104,084.62	98.26%	$50.64

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Appendix A

American Hospital Formulary Class by Total Government Paid
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ANTIMANIC AGENTS	1155	515524	97.26%	$15,576.39	$18,119,661.01	98.35%	$62.13
CHOLELITHOLYTIC AGENTS	88	515612	97.27%	$15,128.62	$18,134,789.63	98.43%	$727.75
PARATHYROID	346	515958	97.34%	$14,946.27	$18,149,735.90	98.51%	$206.22
CARBONIC ANHYDRASE INHIBITORS	375	516333	97.41%	$14,394.67	$18,164,130.57	98.59%	$176.85
ANTIMALARIAL AGENTS	602	516935	97.52%	$14,061.56	$18,178,192.13	98.66%	$111.95
AGENTS	220	517155	97.57%	$13,418.94	$18,191,611.07	98.74%	$279.24
MISCELLANEOUS B-LACTAM ANTIBIOTICS	333	517488	97.63%	$13,221.00	$18,204,832.07	98.81%	$182.24
HYDANTOINS	666	518154	97.75%	$12,544.84	$18,217,376.91	98.88%	$86.56
POTASSIUM SPARING DIURETICS	485	518639	97.85%	$11,439.79	$18,228,816.70	98.94%	$109.11
RESPIRATORY SMOOTH MUSCLE RELAXANTS	845	519484	98.01%	$11,417.29	$18,240,233.99	99.00%	$61.59
IRON PREPARATIONS	759	520243	98.15%	$10,999.76	$18,251,233.75	99.06%	$69.67
SULFONAMIDES	910	521153	98.32%	$10,383.33	$18,261,617.08	99.12%	$111.35
AMINOGLYCOSIDES	47	521200	98.33%	$10,154.51	$18,271,771.59	99.17%	$825.19
GENITOURINARY SMOOTH MUSCLE RELAXANTS	415	521615	98.41%	$9,616.96	$18,281,388.55	99.22%	$96.89
ANTIPARKINSONIAN AGENTS	437	522052	98.49%	$9,425.82	$18,290,814.37	99.27%	$104.53
ANTIDIARRHEA AGENTS	653	522705	98.61%	$8,084.44	$18,298,898.81	99.32%	$54.80
PHARMACEUTICAL AIDS	102	522807	98.63%	$7,489.54	$18,306,388.35	99.36%	$194.68
BASIC OINTMENTS AND PROTECTANTS	335	523142	98.70%	$7,428.41	$18,313,816.76	99.40%	$105.48
PANCREATIC FUNCTION	22	523164	98.70%	$7,258.36	$18,321,075.12	99.44%	$1,469.52
AMMONIA DETOXICANTS	528	523692	98.80%	$7,079.71	$18,328,154.83	99.48%	$59.18
PROTECTANTS	200	523892	98.84%	$5,576.91	$18,333,731.74	99.51%	$134.13
SCABICIDES AND PEDICULICIDES	349	524241	98.90%	$5,488.61	$18,339,220.35	99.54%	$69.62
VITAMIN B COMPLEX	827	525068	99.06%	$5,426.04	$18,344,646.39	99.57%	$25.51
VITAMIN D	93	525161	99.08%	$4,805.12	$18,349,451.51	99.59%	$240.50
MYDRIATICS	117	525278	99.10%	$4,727.19	$18,354,178.70	99.62%	$176.31
MIOTICS	137	525415	99.12%	$4,627.63	$18,358,806.33	99.64%	$155.39
HEMORRHEOLOGIC AGENTS	154	525569	99.15%	$4,404.72	$18,363,211.05	99.67%	$135.64
DEPIGMENTING AGENTS	202	525771	99.19%	$4,376.62	$18,367,587.67	99.69%	$97.01
BARBITURATES	478	526249	99.28%	$4,294.63	$18,371,882.30	99.71%	$118.14
OPIATE ANTAGONISTS	29	526278	99.29%	$4,236.45	$18,376,118.75	99.74%	$920.47
LOCAL ANESTHETICS	934	527212	99.46%	$4,128.10	$18,380,246.85	99.76%	$48.66
CATHARTICS AND LAXATIVES	369	527581	99.53%	$4,020.89	$18,384,267.74	99.78%	$50.04
ANTITHYROID AGENTS	197	527778	99.57%	$3,953.27	$18,388,221.01	99.80%	$92.26
DENTAL AGENTS	698	528476	99.70%	$3,837.00	$18,392,058.01	99.82%	$26.40
ENZYMES	21	528497	99.71%	$3,462.43	$18,395,520.44	99.84%	$616.87

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Appendix A

American Hospital Formulary Class by Total Government Paid
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AGENTS	271	528768	99.76%	$3,080.48	$18,398,600.92	99.86%	$48.04
ANTHELMINTICS	209	528977	99.80%	$2,977.76	$18,401,578.68	99.88%	$62.84
SUNSCREEN AGENTS	122	529099	99.82%	$2,894.76	$18,404,473.44	99.89%	$111.52
SUCCINIMIDES	49	529148	99.83%	$2,826.39	$18,407,299.83	99.91%	$271.65
HEMOSTATICS	14	529162	99.83%	$2,633.36	$18,409,933.19	99.92%	$892.95
ALKALINIZING AGENTS	116	529278	99.85%	$2,391.64	$18,412,324.83	99.93%	$98.63
CALORIC AGENTS	49	529327	99.86%	$1,886.88	$18,414,211.71	99.94%	$168.26
ANTITUBERCULOSIS AGENTS	79	529406	99.88%	$1,656.14	$18,415,867.85	99.95%	$91.99
URICOSURIC AGENTS	89	529495	99.89%	$1,320.23	$18,417,188.08	99.96%	$70.52
PIGMENTING AGENTS	7	529502	99.90%	$1,162.44	$18,418,350.52	99.97%	$627.05
OXYTOCICS	257	529759	99.94%	$1,052.13	$18,419,402.65	99.97%	$20.71
CONTRACEPTIVES (E.G. FOAMS, DEVICES)	43	529802	99.95%	$717.38	$18,420,120.03	99.98%	$77.58
ANTI-INFECTIVES	28	529830	99.96%	$663.08	$18,420,783.11	99.98%	$106.73
GOLD COMPOUNDS	9	529839	99.96%	$617.00	$18,421,400.11	99.98%	$242.00
SULFONES	68	529907	99.97%	$572.52	$18,421,972.63	99.99%	$35.01
POTASSIUM-REMOVING RESINS	16	529923	99.97%	$552.45	$18,422,525.08	99.99%	$96.49
SERUMS	2	529925	99.97%	$423.78	$18,422,948.86	99.99%	$429.78
IRRIGATING SOLUTIONS	32	529957	99.98%	$255.46	$18,423,204.32	99.99%	$35.89
KETONES	39	529996	99.99%	$255.03	$18,423,459.35	99.99%	$32.30
VITAMIN K ACTIVITY	27	530023	99.99%	$224.27	$18,423,683.62	100.00%	$37.60
CHLORAMPHENICOL	1	530024	99.99%	$188.00	$18,423,871.62	100.00%	$191.00
VITAMIN A	5	530029	99.99%	$181.00	$18,424,052.62	100.00%	$40.00
KERATOPLASTIC AGENTS	8	530037	100.00%	$146.92	$18,424,199.54	100.00%	$77.08
VASOCONSTRICTORS	10	530047	100.00%	$102.62	$18,424,302.16	100.00%	$51.27
ADRENOCORTICAL INSUFFICIENCY	1	530048	100.00%	$82.00	$18,424,384.16	100.00%	$85.00
VACCINES	3	530051	100.00%	$72.00	$18,424,456.16	100.00%	$28.00
MUCOLYTIC AGENTS	1	530052	100.00%	$53.00	$18,424,509.16	100.00%	$64.00
URINE AND FECES CONTENTS	3	530055	100.00%	$34.15	$18,424,543.31	100.00%	$39.15
AMEBICIDES	1	530056	100.00%	$21.00	$18,424,564.31	100.00%	$28.00
ACIDIFYING AGENTS	1	530057	100.00%	$0.00	$18,424,564.31	100.00%	$7.00
SUGAR	1	530058	100.00%	$0.00	$18,424,564.31	100.00%	$7.00
Totals	**530058**			**$18,424,564.31**	**$18,424,564.31**		249.012

Prepared by TMAR2
A E , 6 Dec 1999
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Appendix B

TOP 25 PHARMACY ISSUED DRUGS FOR PAID CLAIMS FOR FY1999

DRUG NAME	DRUG STRENGTH	NDC-11	DOSAGE FORM	TOTAL AMT PAID	TOTAL INGRIDENT COST	TOTAL QUANTITY	TOTAL DAYS SUPPLY	TOTAL # OF SCRIPTS	TOTAL RX USERS	AVG INGRIDENT COST PER SCRIPT	AVG QNTY
PROZAC	10MG	00002400630	Tablet	$9,744.21	$10,666.41	4977	3742	115	86	$92.75	85.22
PROZAC	10MG	00777310402	Capsule (hard soft etc.)	$96,442.87	$107,778.10	50995	40470	1284	773	$83.94	161.62
PROZAC	20MG	00777310502	Capsule (hard soft etc.)	$610,302.79	$687,926.75	318330	227489	7150	3846	$96.21	179.8
PROZAC	20MG	00777310507	Capsule (hard soft etc.)	$4,002.15	$4,427.69	2040	1452	48	28	$92.24	165.18
PROZAC	20MG	00777310530	Capsule (hard soft etc.)	$153,980.38	$172,591.36	80287	58416	1879	1045	$91.85	170.58
PROZAC	20MG/5ML	00777512058	Solution Oral	$13,055.88	$14,284.57	17680	5238	150	85	$95.23	470.21
GRAND TOTALS				**$887,528.28**	**$997,674.88**	**474309**	**336807**	**10626**	**5863**	**$93.89**	**1232.61**
CLARITIN	10MG	00085045801	Tablet	$52.00	$63.00	30	30	1	1	$63.00	30
CLARITIN	10MG	00085045803	Tablet	$292,147.65	$335,102.79	180014	179830	5584	3972	$60.01	131
CLARITIN	10MG	00085045805	Tablet	$14,216.59	$16,725.04	8979	9014	286	209	$58.48	127
CLARITIN	10MG	00085045806	Tablet	$10,422.99	$11,963.81	6420	6450	207	151	$57.80	125
CLARITIN	10MG	00085112802	UL	$64,629.79	$72,624.57	33829	35084	1131	811	$64.21	121
CLARITIN	5MG/5ML	00085061202	Syrup	$27,673.96	$30,999.95	144262	22677	827	617	$37.48	715
CLARITIN	5MG/5ML	00085122301	Syrup	$4,660.62	$5,206.20	23500	3808	137	107	$38.00	341
CLARITIN-D 12 HOUR	120-5MG	00085063501	Tablet Sustained Release 12hr	$81,523.74	$93,600.32	89279	48114	2006	1472	$46.66	180
CLARITIN-D 12 HOUR	120-5MG	00085063504	Tablet Sustained Release 12hr	$1,037.07	$1,154.70	1110	555	24	21	$48.11	185
CLARITIN-D 12 HOUR	120-5MG	00085063505	Tablet Sustained Release 12hr	$1,400.38	$1,647.48	1580	895	33	27	$49.92	193
CLARITIN-D 12 HOUR	120-5MG	55175277802	Tablet Sustained Release 12hr	$640.70	$706.32	470	235	9	8	$78.48	207
CLARITIN-D 24 HOUR	240-10MG	00085064001	Tablet Sustained Release 24hr	$31,666.15	$36,296.71	17572	17657	606	457	$59.90	119
CLARITIN-D 24 HOUR	240-10MG	00085064002	Tablet Sustained Release 24hr	$264.86	$283.48	137	137	6	6	$47.25	69
CLARITIN-D 24 HOUR	240-10MG	00085123301	Tablet Sustained Release 24hr	$70,299.03	$79,989.84	37866	37866	1264	917	$63.28	118
CLARITIN-D 24 HOUR	240-10MG	54569438201	Tablet Sustained Release 24hr	$1,754.81	$2,010.84	995	1005	33	27	$60.93	119
CLARITIN-D 24 HOUR	240-10MG	55175278901	Tablet Sustained Release 24hr	$219.00	$251.00	80	80	3	3	$83.67	55
CLARITIN-D 24 HOUR	240-10MG	55175278903	Tablet Sustained Release 24hr	$758.83	$852.65	330	330	11	6	$77.51	90
GRAND TOTALS				**$603,368.17**	**$689,478.70**	**546453**	**363767**	**12168**	**8812**	**$56.66**	**2924**
ZOLOFT	50MG	00049490041	Tablet	$59.92	$57.92	30	30	1	1	$57.92	30
ZOLOFT	50MG	00049490066	Tablet	$230,551.84	$260,752.49	136819	119666	3557	2105	$73.31	154.7
ZOLOFT	50MG	00049490073	Tablet	$11,241.12	$12,447.68	6601	5601	175	115	$71.13	153.14
ZOLOFT	100MG	00049491066	Tablet	$254,525.19	$287,592.64	146479	119517	3645	1963	$78.90	162.08
ZOLOFT	100MG	00049491073	Tablet	$2,080.51	$2,389.92	1223	1023	31	22	$77.09	160.33
ZOLOFT	25MG	00049496050	Tablet	$13,108.98	$14,795.24	8003	7709	222	148	$66.65	144.84
GRAND TOTALS				**$511,567.56**	**$578,035.89**	**299155**	**253546**	**7631**	**4354**	**$75.75**	**805.09**
PRILOSEC	20MG	00006074231	CF	$244.46	$299.83	90	90	3	2	$99.94	60
PRILOSEC	10MG	00186060631	CF	$5,046.39	$5,710.10	1887	1768	51	40	$111.96	101.89
PRILOSEC	10MG	00186060668	CF	$181.97	$179.97	60	60	1	1	$179.97	60
PRILOSEC	20MG	00186074228	CF	$840.88	$1,010.00	300	300	8	6	$126.25	120
PRILOSEC	20MG	00186074231	CF	$180,371.06	$210,163.21	62243	54963	1726	1108	$121.76	109.06
PRILOSEC	20MG	00186074282	CF	$5,416.35	$6,291.23	1868	1586	45	40	$139.81	104.45
PRILOSEC	40MG	00186074331	CF	$4,242.88	$4,761.45	944	944	31	22	$153.60	60.5
PRILOSEC	20MG	54569326700	CF	$90.58	$101.76	30	90	5	4	$20.35	20
PRILOSEC	10MG	61113060631	Capsule Sustained Release 24 Hr	$2,352.00	$2,737.00	934	732	25	16	$109.48	37
PRILOSEC	10MG	61113060631	CF	$5,287.51	$6,087.67	2036	1678	57	42	$106.80	101.13
PRILOSEC	10MG	61113060668	CF	$300.00	$357.00	120	120	4	2	$89.25	60
PRILOSEC	20MG	61113074228	Capsule Sustained Release 24 Hr	$855.00	$1,040.00	320	320	9	7	$115.56	36
PRILOSEC	20MG	61113074228	CF	$873.92	$1,024.92	314	314	9	6	$113.88	59
PRILOSEC	20MG	61113074231	CF	$230,577.06	$272,431.58	82248	72201	2266	1450	$120.23	146.22
PRILOSEC	20MG	61113074282	Capsule Sustained Release 24 Hr	$1,759.00	$2,138.00	654	610	21	12	$101.81	31

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A and E, 17 Dec 1999
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Appendix B

TOP 25 PHARMACY ISSUED DRUGS FOR PAID CLAIMS FOR FY1999

PRILOSEC	20MG	61113074282	CF	$5,639.14	$6,832.34	2053	1919	59	34	$115.80	107
PRILOSEC	40MG	61113074331	Capsule Sustained Release 24 Hr	$246.00	$303.00	60	60	2	2	$151.50	30
PRILOSEC	40MG	61113074331	CF	$6,362.01	$6,986.54	1374	1374	44	29	$158.79	95.75
PRILOSEC	40MG	61113074368	CF	$237.48	$290.85	58	58	3	3	$96.95	36
GRAND TOTALS				**$450,923.69**	**$528,746.45**	**157593**	**139187**	**4369**	**2826**	**$121.02**	**1375**
WELLBUTRIN	100MG	00081017855	Tablet	$103.00	$121.00	150	67	3	2	$40.33	90
WELLBUTRIN SR	150MG	00173013555	Tablet Sustained Action	$274,166.14	$309,421.00	265130	147168	4732	2793	$65.39	226
WELLBUTRIN	75MG	00173017755	Tablet	$22,601.79	$25,645.81	39452	17083	557	352	$46.04	287
WELLBUTRIN	100MG	00173017855	Tablet	$20,299.02	$23,379.02	26851	11533	369	230	$63.36	295
WELLBUTRIN SR	100MG	00173094755	Tablet Sustained Action	$58,631.97	$64,648.70	59317	25191	832	488	$77.70	291
GRAND TOTALS				**$375,801.92**	**$423,215.53**	**$390,900.00**	**$201,042.00**	**$6,493.00**	**$3,865.00**	**$65.18**	**$1,188.93**
IMITREX	6MG/0.5ML	00173044901	Kit Refill	$3,626.66	$4,212.43	51	144	38	17	$110.85	6
IMITREX	6MG/0.5ML	00173044902	Vial (SDV MDV or Additive) (ML)	$1,223.76	$1,421.08	20	114	14	8	$101.51	7
IMITREX	6MG/0.5ML	00173044903	Kit	$135.00	$145.00	2	15	2	2	$72.50	1
IMITREX	50MG	00173045900	Tablet	$168,821.57	$186,175.86	14982	21281	1318	658	$141.26	46
IMITREX	25MG	00173046002	Tablet	$97,284.48	$108,770.07	8794	9311	667	435	$163.07	54
IMITREX	6MG/0.5ML	00173047800	Kit Refill	$42,530.81	$48,488.34	633	2427	290	131	$167.20	9
IMITREX	6MG/0.5ML	00173047900	Kit	$26,080.53	$27,974.13	346	1013	159	98	$175.94	9
IMITREX NS	20MG	00173052300	AX	$27,123.49	$30,085.52	1887	6732	304	204	$98.97	26
IMITREX NS	5MG	00173052400	AX	$2,637.35	$2,956.48	186	595	30	23	$98.55	26
GRAND TOTALS				**$369,463.65**	**$410,228.91**	**26901**	**41632**	**2822**	**1576**	**$145.37**	**182**
LIPITOR	10MG	00071015523	Tablet	$166,072.51	$199,452.46	125560	125374	3159	1846	$63.14	159
LIPITOR	20MG	00071015623	Tablet	$116,379.66	$138,433.95	56421	52397	1386	781	$99.88	164
LIPITOR	40MG	00071015723	Tablet	$54,085.18	$64,928.65	21934	20364	532	302	$122.05	168
GRAND TOTALS				**$336,537.35**	**$402,815.06**	**203915**	**198135**	**5077**	**2929**	**$79.34**	**492**
PAXIL	10MG	00029321013	Tablet	$37,088.93	$41,853.31	22772	22326	672	446	$62.28	136.67
PAXIL	20MG	00029321113	Tablet	$39,121.60	$43,893.67	23019	20214	615	375	$71.37	150.13
PAXIL	20MG	00029321120	Tablet	$178,699.21	$202,503.16	105537	92981	2814	1685	$71.96	151.69
PAXIL	20MG	00029321121	Tablet	$150.00	$170.00	90	90	3	1	$56.67	30
PAXIL	30MG	00029321213	Tablet	$36,100.71	$41,314.45	20922	20188	633	342	$65.27	134.54
PAXIL	40MG	00029321313	Tablet	$22,815.43	$26,168.50	12529	12125	361	205	$72.49	145.27
PAXIL	10MG/5ML	00029321548	Suspension Oral (Final Dose Form)	$787.01	$838.63	2295	477	16	7	$52.41	537
GRAND TOTALS				**$314,762.89**	**$356,741.72**	**$187,164.00**	**$168,401.00**	**$5,114.00**	**$3,061.00**	**$69.76**	**$1,285.30**
EFFEXOR	25MG	00008070101	Tablet	$2,244.91	$2,469.13	2624	1347	46	33	$53.68	225
EFFEXOR	50MG	00008070301	Tablet	$2,338.65	$2,677.57	2689	1055	43	24	$62.27	241
EFFEXOR	75MG	00008070401	Tablet	$30,503.08	$34,556.86	32695	15564	500	280	$69.11	266
EFFEXOR	100MG	00008070501	Tablet	$9,011.09	$10,550.49	9418	3673	133	55	$79.33	281
EFFEXOR	37.5MG	00008078101	Tablet	$13,743.42	$15,968.50	16436	8955	282	167	$56.63	236
EFFEXOR XR	75MG	00008083301	Capsule Sustained Release 24 Hr	$149,410.71	$166,068.13	87198	58734	1934	1082	$85.87	182
EFFEXOR XR	75MG	00008083303	Capsule Sustained Release 24 Hr	$1,560.95	$1,662.95	870	780	26	18	$63.96	132
EFFEXOR XR	150MG	00008083601	Capsule Sustained Release 24 Hr	$77,360.32	$85,782.04	41325	34862	1099	565	$78.05	150
EFFEXOR XR	150MG	00008083603	Capsule Sustained Release 24 Hr	$275.84	$314.84	151	151	5	5	$62.97	121
EFFEXOR XR	37.5MG	00008083701	Capsule Sustained Release 24 Hr	$26,627.58	$29,407.61	17266	11359	392	253	$75.02	176
GRAND TOTALS				**$313,076.55**	**$349,458.12**	**210672**	**136480**	**4460**	**2482**	**$78.35**	**2009**
NEURONTIN	100MG	00071080324	Capsule (hard soft etc.)	$18,365.73	$20,823.49	55871	16424	591	367	$35.23	111
NEURONTIN	300MG	00071080524	Capsule (hard soft etc.)	$196,447.81	$221,575.10	237150	66168	2281	1231	$97.14	117

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A and E, 17 Dec 1999
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Appendix B

TOP 25 PHARMACY ISSUED DRUGS FOR PAID CLAIMS FOR FY1999

NEURONTIN	400MG	00071080624	Capsule (hard soft etc.)	$79,017.85	$87,845.45	78229	20618	705	356	$124.60	118
GRAND TOTALS				**$293,831.39**	**$330,244.04**	**371250**	**103210**	**3577**	**1954**	**$92.32**	**346**
ZYPREXA	2.5MG	00002411260	Tablet	$25,503.92	$27,507.10	6974	5082	171	104	$160.86	163
ZYPREXA	5MG	00002411533	Tablet	$2,836.32	$3,209.90	690	660	18	10	$178.33	142
ZYPREXA	5MG	00002411560	Tablet	$104,388.96	$112,877.47	24311	17266	567	333	$199.08	173
ZYPREXA	7.5MG	00002411660	Tablet	$5,993.23	$6,191.23	1325	929	32	21	$193.48	164
ZYPREXA	10MG	00002411760	Tablet	$138,306.32	$150,158.88	21246	15187	531	286	$282.79	165
GRAND TOTALS				**$277,028.75**	**$299,944.58**	**54546**	**39124**	**1319**	**754**	**$227.40**	**806**
AUGMENTIN	200-28.5MG	00029607112	Tablet Chewable	$485.60	$542.41	394	158	16	14	$33.90	119
AUGMENTIN	400-57MG	00029607212	Tablet Chewable	$17,885.84	$20,137.36	7607	3786	342	310	$58.88	90
AUGMENTIN	125-31.25	00029607347	Tablet Chewable	$16.00	$19.00	20	10	1	1	$19.00	20
AUGMENTIN	250-62.5MG	00029607447	Tablet Chewable	$416.30	$455.24	246	84	8	8	$56.91	134
AUGMENTIN	250-125MG	00029607527	Tablet	$4,248.33	$4,861.34	2444	938	95	89	$51.17	110
AUGMENTIN	500-125MG	00029608012	Tablet	$52,667.74	$60,186.80	20666	9687	985	909	$61.10	85
AUGMENTIN	500-125MG	00029608027	Tablet	$403.58	$472.58	193	86	10	9	$47.26	85
AUGMENTIN	500-125MG	00029608031	Tablet	$53.85	$61.35	20	10	1	1	$61.35	20
AUGMENTIN	125-31.25	00029608522	Suspension Reconstituted Oral	$693.96	$779.17	4065	253	24	23	$32.47	662
AUGMENTIN	125-31.25	00029608523	Suspension Reconstituted Oral	$55.20	$61.76	315	34	4	3	$15.44	215
AUGMENTIN	125-31.25	00029608539	Suspension Reconstituted Oral	$174.84	$194.02	975	71	7	7	$27.72	575
AUGMENTIN	875-125MG	00029608612	Tablet	$86,638.04	$99,941.48	25635	12803	1305	1202	$76.58	79
AUGMENTIN	875-125MG	00029608621	Tablet	$403.37	$439.96	110	55	7	6	$62.85	61
AUGMENTIN	200-28.5/5	00029608729	Suspension Reconstituted Oral	$1,581.65	$1,775.60	6290	768	78	73	$22.76	325
AUGMENTIN	200-28.5/5	00029608739	Suspension Reconstituted Oral	$1,393.39	$1,540.92	6075	630	67	63	$23.00	373
AUGMENTIN	200-28.5/5	00029608751	Suspension Reconstituted Oral	$20,106.95	$22,298.90	80350	7821	774	701	$28.81	418
AUGMENTIN	250-62.5/5	00029609022	Suspension Reconstituted Oral	$3,212.29	$3,460.29	9450	642	59	59	$58.65	638
AUGMENTIN	250-62.5/5	00029609023	Suspension Reconstituted Oral	$1,580.05	$1,742.37	4644	430	42	39	$41.49	440
AUGMENTIN	250-62.5/5	00029609039	Suspension Reconstituted Oral	$697.62	$782.28	2100	186	21	21	$37.25	383
AUGMENTIN	400-57MG/5	00029609229	Suspension Reconstituted Oral	$6,159.67	$6,881.60	12750	1624	175	165	$39.32	291
AUGMENTIN	400-57MG/5	00029609239	Suspension Reconstituted Oral	$9,706.62	$10,770.44	22430	2552	251	241	$42.91	359
AUGMENTIN	400-57MG/5	00029609251	Suspension Reconstituted Oral	$68,093.04	$75,718.71	143329	14167	1361	1218	$55.63	423
GRAND TOTALS				**$276,673.93**	**$313,123.58**	**350,108**	**56,795**	**5,633**	**5,162**	**$55.59**	**5903**
RISPERDAL	1MG	50458030006	Tablet	$149,893.55	$165,045.53	80375	56592	1875	985	$88.02	175
RISPERDAL	1MG	50458030050	Tablet	$2,206.60	$2,576.92	1275	638	22	12	$117.13	229
RISPERDAL	0.5MG	50458030206	Tablet	$166.50	$193.80	90	90	3	2	$64.60	30
RISPERDAL	1MG/ML	50458030503	Solution Oral	$2,111.19	$2,245.95	890	780	20	18	$112.30	216
RISPERDAL	1MG/ML	50458030510	Solution Oral	$3,694.04	$3,700.04	1520	554	17	8	$217.65	356
RISPERDAL	2MG	50458032006	Tablet	$67,841.11	$74,247.94	21919	14855	494	256	$150.30	179
RISPERDAL	3MG	50458033006	Tablet	$41,461.39	$45,389.28	11328	7427	247	129	$183.76	184
RISPERDAL	4MG	50458035006	Tablet	$8,974.16	$10,456.38	2000	1547	54	23	$193.64	154
GRAND TOTALS				**$276,348.54**	**$303,855.84**	**119397**	**82483**	**2732**	**1433**	**$111.22**	**1524**
ZITHROMAX	250MG	00069305034	Capsule (hard soft etc.)	$764.60	$855.88	164	144	28	28	$30.57	24
ZITHROMAX	250MG	00069305050	Capsule (hard soft etc.)	$67.51	$78.14	15	14	3	3	$26.05	15
ZITHROMAX	250MG	00069305086	Capsule (hard soft etc.)	$19.00	$21.00	4	1	1	1	$21.00	4
ZITHROMAX	1G	00069305107	Packet	$0.00	$0.00	1	1	1	1	$0.00	1
ZITHROMAX	1G	00069305175	Packet	$267.25	$295.79	17	39	13	13	$22.75	5
ZITHROMAX	250MG	00069306030	Tablet	$17,901.93	$20,202.51	3669	3337	603	578	$33.50	25
ZITHROMAX	250MG	00069306075	Tablet	$139,845.15	$159,458.93	28926	24696	4844	4503	$32.92	24
ZITHROMAX	600MG	00069308030	Tablet	$788.86	$859.83	65	212	13	9	$66.14	22

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TOP 25 PHARMACY ISSUED DRUGS FOR PAID CLAIMS FOR FY1999

ZITHROMAX	100MG/5ML	00069311019	Suspension Reconstituted Oral	$30,153.23	$33,482.36	21539	6155	1201	1106	$27.88	72
ZITHROMAX	200MG/5ML	00069312019	Suspension Reconstituted Oral	$37,302.73	$41,288.00	26606	8521	1696	1557	$24.34	64
ZITHROMAX	200MG/5ML	00069313019	Suspension Reconstituted Oral	$13,711.68	$15,189.52	14730	3255	607	577	$25.02	98
ZITHROMAX	200MG/5ML	00069314019	Suspension Reconstituted Oral	$11,814.86	$13,193.16	17004	3009	534	500	$24.71	128
ZITHROMAX	200MG/5ML	54569423000	Suspension Reconstituted Oral	$63.50	$68.30	45	24	3	3	$22.77	30
GRAND TOTALS				**$252,700.30**	**$284,993.42**	**112785**	**49408**	**9547**	**8879**	**$29.85**	**511**
PREVACID	15MG	00300154119	CF	$76.36	$93.45	30	15	1	1	$93.45	30
PREVACID	15MG	00300154130	Capsule Sustained Release 24 Hr	$7,274.00	$8,664.00	2895	2380	72	50	$120.33	40
PREVACID	15MG	00300154130	CF	$32,148.92	$38,042.78	12314	10311	321	207	$118.51	117
PREVACID	30MG	00300304611	Capsule Sustained Release 24 Hr	$150.00	$183.00	60	60	2	2	$91.50	30
PREVACID	30MG	00300304613	Capsule Sustained Release 24 Hr	$25,037.00	$29,827.00	9795	8914	292	176	$102.15	34
PREVACID	30MG	00300304613	CF	$150,908.98	$176,225.68	56112	49010	1545	898	$114.06	111
PREVACID	15MG	54569445000	CF	$145.00	$177.00	60	60	2	1	$88.50	30
GRAND TOTALS				**$215,740.26**	**$253,212.91**	**81266**	**70750**	**2235**	**1335**	**$113.29**	**392**
CELEBREX	100MG	00025152031	Capsule (hard soft etc.)	$69,006.11	$80,331.54	66296	33503	1216	801	$66.06	164
CELEBREX	200MG	00025152531	Capsule (hard soft etc.)	$142,327.65	$167,096.94	81527	65583	2124	1385	$78.67	115
GRAND TOTALS				**$211,333.76**	**$247,428.48**	**147823**	**99086**	**3340**	**2186**	**$74.08**	**279**
ADDERALL	5MG	58521003101	Tablet	$16,978.49	$19,988.14	64839	31978	880	635	$22.71	290
ADDERALL	10MG	58521003201	Tablet	$96,679.34	$110,122.44	221717	114857	3139	2159	$35.08	281
ADDERALL	20MG	58521003301	Tablet	$85,525.69	$95,447.82	112776	66107	1656	1156	$57.64	273
ADDERALL	30MG	58521003401	Tablet	$7,586.24	$8,643.76	7679	5170	117	82	$73.88	258
GRAND TOTALS				**$206,769.76**	**$234,202.16**	**407011**	**218112**	**5792**	**4032**	**$40.44**	**1102**
ZYRTEC	5MG	00069550066	Tablet	$9,700.93	$10,716.17	6819	6209	192	133	$55.81	144
ZYRTEC	10MG	00069551066	Tablet	$146,595.87	$168,518.70	107655	106822	3354	2292	$50.24	131
ZYRTEC	1MG/ML	00069553047	Syrup	$20,155.68	$22,551.41	118035	21576	804	593	$28.05	601
ZYRTEC	1MG/ML	00069553093	Syrup	$10,358.89	$11,772.82	61021	10616	374	272	$31.48	657
GRAND TOTALS				**$186,811.37**	**$213,559.10**	**293530**	**145223**	**4724**	**3290**	**$45.21**	**1533**
ZOCOR	80MG	00006054361	Tablet	$5,536.81	$6,571.55	2046	2101	60	35	$109.53	137
ZOCOR	5MG	00006072654	Tablet	$410.50	$499.87	334	334	5	5	$99.97	244
ZOCOR	5MG	00006072661	Tablet	$3,367.83	$4,060.42	2687	2589	73	49	$55.62	147
ZOCOR	10MG	00006073528	Tablet	$88.00	$106.00	60	60	4	2	$26.50	30
ZOCOR	10MG	00006073554	Tablet	$6,351.56	$7,740.78	4260	4060	74	57	$104.61	233
ZOCOR	10MG	00006073561	Tablet	$30,297.69	$36,297.20	19831	19756	506	302	$71.73	157
ZOCOR	10MG	00006073582	Tablet	$47.58	$57.48	31	31	1	1	$57.48	31
ZOCOR	20MG	00006074061	Tablet	$90,607.29	$108,748.49	34201	33664	931	537	$116.81	149
ZOCOR	40MG	00006074961	Tablet	$42,877.19	$51,028.68	15955	16290	443	262	$115.19	145
GRAND TOTALS				**$179,584.45**	**$215,110.47**	**79405**	**78885**	**2097**	**1250**	**$102.58**	**1274**
REZULIN	200MG	00071035215	Tablet	$29,232.68	$35,198.38	13972	12069	347	183	$101.44	164
REZULIN	200MG	00071035223	Tablet	$6,882.14	$8,170.23	3270	2520	49	37	$166.74	263
REZULIN	400MG	00071035315	Tablet	$75,291.97	$89,779.38	22346	22117	629	340	$142.73	144
REZULIN	400MG	00071035323	Tablet	$12,721.12	$15,485.57	3891	3776	88	59	$175.97	177
REZULIN	300MG	00071035720	Tablet	$36,250.08	$43,566.49	17311	9050	236	133	$184.60	293
GRAND TOTALS				**$160,377.99**	**$192,200.05**	**60790**	**49532**	**1349**	**752**	**$142.48**	**1041**
LUVOX	25MG	00032420201	Tablet	$14,258.29	$15,606.71	8260	5851	193	105	$80.86	170
LUVOX	50MG	00032420501	Tablet	$55,213.71	$60,576.63	29935	18648	611	322	$99.14	196

NOTE: Information used for this report was obtained from the MCSC for FY99.

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Appendix B

TOP 25 PHARMACY ISSUED DRUGS FOR PAID CLAIMS FOR FY1999

LUVOX	100MG	00032421001	Tablet	$84,178.24	$92,057.74	44117	26859	891	444	$103.32	203
GRAND TOTALS				**$153,650.24**	**$168,241.08**	**82312**	**51358**	**1695**	**871**	**$99.26**	**570**
AMBIEN	5MG	00025540131	Tablet	$31,359.99	$35,916.59	25606	21747	872	569	$41.19	119
AMBIEN	10MG	00025542130	Tablet	$179.28	$200.28	160	160	6	3	$33.38	80
AMBIEN	10MG	00025542131	Tablet	$121,301.34	$138,385.83	80190	77642	2946	1653	$46.97	110
AMBIEN	10MG	00025542134	Tablet	$65.53	$71.53	40	40	2	2	$35.77	40
GRAND TOTALS				**$152,906.14**	**$174,574.23**	**105996**	**99589**	**3826**	**2227**	**$45.63**	**349**
PREMARIN	25MG	00046074905	Vial (SDV MDV or Additive) (EA)	$168.03	$193.03	5	180	6	3	$32.17	4
PREMARIN	0.9MG	00046086481	Tablet	$18,402.31	$21,747.26	40572	40580	791	523	$27.49	207
PREMARIN	2.5MG	00046086581	Tablet	$2,852.21	$3,387.09	3163	3118	92	57	$36.82	149
PREMARIN	1.25MG	00046086681	Tablet	$24,524.15	$29,174.93	48313	47284	1025	666	$28.46	192
PREMARIN	1.25MG	00046086691	Tablet	$6,853.86	$8,178.48	13686	13081	287	176	$28.50	192
PREMARIN	1.25MG	00046086695	Tablet	$2,598.27	$3,073.84	5473	5362	111	71	$27.69	199
PREMARIN	0.625MG	00046086781	Tablet	$43,616.95	$51,574.09	120419	119932	2335	1540	$22.09	208
PREMARIN	0.625MG	00046086791	Tablet	$21,319.34	$25,165.26	59019	58737	1201	793	$20.95	197
PREMARIN	0.625MG	00046086795	Tablet	$7,849.19	$9,742.52	25627	25695	491	320	$19.84	211
PREMARIN	0.625MG	00046086799	Tablet	$12.00	$14.00	30	30	1	1	$14.00	30
PREMARIN	0.3MG	00046086881	Tablet	$4,408.13	$5,127.52	15604	15559	321	215	$15.97	198
PREMARIN	0.3MG	00046086891	Tablet	$51.78	$57.23	180	180	4	4	$14.31	120
PREMARIN	0.625MG/G	00046087201	Cream (GM)	$491.34	$564.66	728	393	17	16	$33.22	172
PREMARIN	0.625MG/G	00046087293	Cream with Applicator	$8,485.17	$9,904.57	11557	6367	260	238	$38.09	179
PREMARIN	0.625MG	00046386781	Tablet	$408.51	$452.62	1022	1022	27	16	$16.76	172
GRAND TOTALS				**$142,041.24**	**$168,357.10**	**345397**	**337520**	**6969**	**4639**	**$24.16**	**2430**
VIAGRA	25MG	00069420030	Tablet	$1,582.84	$1,854.26	250	368	47	36	$39.45	23
VIAGRA	50MG	00069421030	Tablet	$71,325.45	$84,244.30	11383	18710	2039	1197	$41.32	24
VIAGRA	50MG	00069421066	Tablet	$210.45	$242.29	33	33	6	5	$40.38	11
VIAGRA	100MG	00069422030	Tablet	$65,697.16	$78,065.47	10540	16626	1863	963	$41.90	24
VIAGRA	100MG	00069422066	Tablet	$37.00	$45.00	6	6	1	1	$45.00	6
GRAND TOTALS				**$138,852.90**	**$164,451.32**	**22212**	**35743**	**3956**	**2202**	**$41.57**	**87**
LAMISIL	1%	00078017040	Cream (GM)	$2,559.05	$2,932.05	1605	1050	100	90	$29.32	69
LAMISIL	1%	00078017046	Cream (GM)	$4,945.99	$5,681.31	3480	1568	107	98	$53.10	128
LAMISIL	250MG	00078017905	Tablet	$17,096.09	$19,434.07	3232	3285	88	63	$220.84	150
LAMISIL	250MG	00078017915	Tablet	$110,311.35	$124,054.82	20323	20522	644	459	$192.63	127
LAMISIL	1%	00078032882	Solution	$890.56	$1,032.52	600	274	18	16	$57.36	136
GRAND TOTALS				**$135,803.04**	**$153,134.77**	**29240**	**26699**	**957**	**726**	**$160.02**	**609**

NOTE: Information used for this report was obtained from the MCSC for FY99.

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A and E, 17 Dec 1999
JWL

Appendix C

Descriptive Statistics

Monthly Prescription Claims FY 99

Mean	38,932
Standard Error	2,748
Median	39,417
Standard Deviation	9,521
Sample Variance	90,648,731
Range	25,146
Minimum	26,254
Maximum	51,400
Sum	467,180
Count	12

AHFS Total Prescriptions Issued

Mean	3,955
Standard Error	636
Median	793
Standard Deviation	7,373
Sample Variance	54,366,088
Range	50,046
Minimum	1
Maximum	50,047
Sum	530,058
Count	134

AHFS Average Ingredient Cost

Mean	247
Standard Error	37
Median	121
Standard Deviation	439
Sample Variance	193,274
Range	3,707
Minimum	7
Maximum	3,714
Sum	33,118
Count	134

September 1999 Claims

Mean	2.07
Standard Error	0.02
Median	1.00
Mode	1.00
Standard Deviation	1.84
Sample Variance	3.38
Range	40.00
Minimum	1.00
Maximum	41.00
Sum	27,210.00
Count	13,171.00